

Heart Disease and Stroke Prevention Work Plan 2005-2009



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Goal 1: Increase the Cardiovascular Health Program capacity to promote cardiovascular health in Wisconsin.

Strategy 1: Increase the network of organizations in the Cardiovascular Health Alliance, and enhance its value to members.

Objectives:

- 1.1A By 2006, establish a CVH Alliance Steering Committee to provide leadership on CVH Program implementation.
 - Develop Work Groups to explore and develop initiatives for implementation of the state plan.
- 1.1B By 2006 (and ongoing), additional partners will become members of the CVH Alliance.
 - Identify and recruit organizations whose focus is on heart disease and stroke prevention and control.
 - Identify communities with healthy lifestyle programs and recruit them for membership on the CVH Alliance.

Strategy 2: Support forums for sharing national and statewide evidence-based and/or best practices for healthy eating, physical activity, tobacco cessation, and a healthy weight.

Objectives:

- 1.2A By 2006 and ongoing, organizations will meet with representatives from the Department of Health and Family Services, Department of Transportation, Department of Natural Resources, Department of Public Instruction, and the Governor's Council on Physical Fitness and Health to collaborate on shared interests and activities related to cardiovascular health.
- 1.2B By 2006, identify and connect organizations, programs and resources across the state focused on improving cardiovascular health.
 - Utilize CVH Alliance members to identify existing organizations, programs, and materials that address CVD risk prevention.
 - Gather samples of existing materials and websites.
 - Organize a forum for CVH Alliance members to network and share resources.
 - Develop other forums for communities and statewide organizations to share information and resources.
- 1.2C By 2007, develop a state speaker's bureau of experts on best practices for heart disease and stroke prevention, detection, disease management, and emergency response.
- 1.2D By 2007, develop and promote the use of an electronic database of national, state, and community-based resources that support heart disease and stroke prevention, risk detection, and disease management.

Strategy 3: Continue to develop and strengthen surveillance of heart disease and stroke detection and treatment.

Objective:

- 1.3A By 2007, research new and existing data sources, e.g., Medicare, Medicaid, MetaStar, HMO and Wisconsin Primary Healthcare Association (WPHCA) to expand CVH surveillance, within HIPPA compliance.

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Goal 2: Identify and provide information on statewide policies that improve and enable cardiovascular health.

Strategy 1: Create and support an agenda on cardiovascular health issues to educate public officials and professionals who disseminate information to member organizations/associations.

Objectives:

- 2.1A By 2006, organize a plan to develop CVD health policies and programs that support the heart disease and stroke prevention health plan and Wisconsin's *Healthiest People 2010*. Partners will convene a policy summit to determine priority policy needs.
- Utilize CVH Alliance partners to bring people to the summit.
 - Identify potential barriers to address.
- 2.1B By 2006, organize a plan to educate public officials and other professionals on priority cardiovascular health-related policies and programs.
- Research legislation that has been effective in the design of safe and accessible facilities that support and promote physical activity.
 - Identify proven programs that can promote heart-healthy environments, e.g., those involving nutritious food, clean air, physical activity, restricted tobacco use, etc.
 - Research successful models for educating and engaging communities and organizations in policy issues.
 - Identify organizations to target for education.
- 2.1C By 2007, list information on the DHFS CVH Program website about policies and organizations that focus on ways to improve cardiovascular health.

Strategy 2: Promote awareness of cardiovascular health initiatives and policies to targeted audiences.

Objectives:

- 2.2A By 2006, implement a statewide public awareness campaign on the impact of heart disease and stroke and how to prevent it.
- 2.2B By 2007, implement a communication plan to inform targeted groups about cardiovascular disease initiatives and policies.
- Identify groups to educate.
 - Enlist the support of media specialists to develop key messages and communication vehicles.
 - Disseminate information based on the communications plan.

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Strategy 3: Promote the standardization of criteria and curricula for professional and paraprofessional certifications/licensure on emergency response to heart attack and stroke, CVD risk prevention, and care (as appropriate to their responsibilities).

Objectives:

- 2.3A By 2006 and ongoing, enlist the support of professional organizations to include evidence-based and/or best practices for CVD risk prevention, treatment, and emergency response in their certification/licensure curricula as appropriate.
- Identify the top 10 professional certifications/licensures to target.
 - Research the current content for heart disease and stroke prevention and care for the respective certifications/licensures.
 - Assemble information on evidence-based and/or best practices for heart disease and stroke prevention, coronary artery disease (CAD), cardiopulmonary resuscitation (CPR), and emergency response.
 - Educate priority organizations on the importance of including CVD-related training based on evidence-based and/or best practice guidelines.
 - Survey nursing programs in Wisconsin to include instruction on the use of stroke- scales (types), high blood pressure guidelines, cholesterol guidelines, and appropriate treatments for control and prevention of high blood pressure and cholesterol in their curriculum.
 - Sponsor a CVD Health Education Forum to educate additional professional certification/licensure programs on the value of including CVD-care in their curriculum.
- 2.3B By 2008, work with schools of nursing, and business organizations to adopt evidence-based and/or best practices for CVD-related care as part of their curricula and worksite wellness programs.

Strategy 4: Improve emergency medical response to heart attack and stroke, including communication center, emergency dispatch and field emergency medical services (EMS).

Objectives:

- 2.4A By 2008, 50% of the community centers, shopping malls, schools, businesses, faith-based organizations, EMS, and fire and police vehicles in Wisconsin will be equipped with automatic external defibrillators (AEDs) and personnel trained in their proper use.
- 2.4B By 2008, 90% of Wisconsin communities will have landline-enhanced 911 service.
- 2.4C By 2008, 50% of Wisconsin communities will have wireless-enhanced 911 service.

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Goal 3: Promote community environments that support healthy behaviors to reduce heart disease and stroke.

Strategy 1: Increase the public's awareness of modifiable risk factors associated with heart disease and stroke.

Objectives:

- 3.1A Identify target groups to receive community and worksite toolkits and their respective needs for resources.
 - Create a list of potential target groups, e.g., faith-based organizations, educators, employers, insurers, and community organizations.
 - Determine what resources/information each group wants and needs.
- 3.1B Develop a community-based toolkit (for businesses and community organizations) of CVD health resources on how to encourage heart-healthy environments.
 - Identify and compile information on existing CVH programs and resources utilizing CVH Alliance partners and the CDC.
 - Identify available materials targeted to Hmong, African American, Native American, and Latino populations.
 - Organize information to address different age groups, to be user-friendly, and to distinguish evidence-based information and best practices.
 - Create a toolkit evaluation to assess toolkit usefulness.
 - Revise toolkit components based on evaluation feedback.
- 3.1C By 2007, distribute and offer training on the community-based toolkit to schools, community organizations, faith-based organizations, etc.
 - Enlist the support of CVH Alliance members to promote the toolkit and trainings.
 - Identify existing conferences and associations through which to provide training on the toolkit for target groups.
 - List training events and contacts on the CVHP website.
- 3.1D By 2007, distribute and offer training sessions on the CDC toolbox "Making the Business Case to Employers for CVH" to all health systems, and Wisconsin's top 200 employers.
 - Encourage worksite wellness programs to incorporate programs for heart disease and stroke prevention, and screening for high blood pressure and dyslipidemia.
- 3.1E By 2005 and ongoing, organizations, communities, schools, businesses and health systems will coordinate with the Wisconsin Nutrition and Physical Activity Program to support efforts to improve nutrition and physical activity for Wisconsin residents.

Strategy 2: Improve the public's awareness of the signs and symptoms of heart attack and stroke and the need to call 911 immediately.

Objective:

- 3.2A By 2005 and ongoing, implement a public awareness campaign of the signs and symptoms of heart attack and stroke and how to respond appropriately (Appendices C,D).
- Disseminate information on signs and symptoms of heart attack and stroke, and use of automatic external defibrillators (AEDs), CPR, and 911 to all registered Wisconsin employers.
 - Continue to support Wisconsin Stroke Alert Day in May each year.

Strategy 3: Promote the importance of nutrition and physical activity for children in grades K-12.

Objectives:

- 3.3A By 2006, develop communications targeted to schools, community, and faith-based organizations that emphasize the importance of increasing physical activity, and eating nutritious meals and snacks in appropriate portions to prevent cardiovascular disease in children.
- 3.3B By 2006, work with partners to develop and/or assemble culturally- and language-appropriate materials to educate parents and children on healthy food choices, portion size, increasing physical activity levels, and reducing television/computer screen time.

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Goal 4: Promote early detection and treatment of risk factors for heart disease and stroke.**Strategy 1:** Increase rates of detection for cardiovascular risks among adults.**Objectives:**

- 4.1A By 2009, increase by 10% (to 95%) the number of adults aged 18 and older who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high.
- Encourage worksites and faith communities to offer regular blood pressure screenings for constituents.
 - Disseminate clinical practice guidelines once updates are available.
 - Work with health care systems to increase their CVD HEDIS® measure rates (see Glossary) for high blood pressure identification and control.
- 4.1B By 2009, increase by 10% (to 82%) the number of adults aged 18 and older who have had a lipid panel done within the preceding two years and can state whether their blood cholesterol was normal or high.
- Encourage worksites and faith communities to offer regular screenings for dyslipidemia for constituents.
 - Disseminate clinical practice guidelines once updates are available.
 - Work with health care systems to increase their CVD HEDIS® measure rates for low-density lipoprotein (LDL) screening and control.

Strategy 2: Increase implementation of best practices for early treatment of CVD risk factors.**Objectives:**

- 4.2A By 2009, increase the number of adults with high blood pressure who are taking appropriate actions to control their high blood pressure.
- Follow the state diabetes template for training programs.
 - Improve access to resources for indigent populations.
 - Increase awareness of importance of BP control through media campaigns.
 - Increase adherence to medication and lifestyle changes through patient education.

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- 4.2B By 2009, increase the number of adults who have had their low-density lipoprotein (LDL) tested.
- Follow the state diabetes template for training programs.
 - Improve access to screening resources for indigent populations.
 - Increase awareness of importance lipid control through media campaigns.
- 4.2C By 2009, 90% of the state's health systems will provide training to health care professionals on cultural-competency and best practices in counseling patients on obesity, smoking, diabetes, high blood pressure, high cholesterol, and elevated lipid levels in diverse populations.
- 4.2D By 2007, develop a plan and projected outcomes for youth-focused interventions based on analysis of the CDC youth health index, Youth Risk Behavior Survey (YRBS) and review of best practices.
- 4.2E By 2007, increase the number of youth with diabetes aged 5-17 years old who have their LDL controlled.

Strategy 3: Create a voluntary statewide youth health index to monitor indicators of healthy behavior in children (grades K-12), including BMI, physical activity, and blood pressure measurement.

Objectives:

- 4.3A By 2009, a majority of Wisconsin public schools will participate in a voluntary youth health behavior index.
- Develop materials to educate school officials on the importance of CVD risk prevention.
- 4.3B By 2009, increase by 50% the number of youth aged 5-17 years who have had their blood pressure measured within the preceding two years.
- By 2009, increase by 50% the number of youth aged 5-17 who have had a lipid panel done within the preceding two years.

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Goal 5: Reduce recurrence, complications, disabilities, and death from heart attack and stroke.

Strategy 1: Improve monitoring and evaluation of CVD management and acute treatment of heart attack and stroke.

Objectives:

- 5.1A By 2005 and on going, encourage health care systems to track and evaluate quality of care.
- Encourage use of medical records systems and track and evaluate the quality of care.
 - Encourage use of internet-based tools for heart attack, CHF, and stroke.
 - Encourage health systems to pay for performance.
 - Start a stroke registry.
 - Identify and eliminate obstacles hospitals may have for tracking and evaluating quality.
- 5.1B By 2006, discuss with the Wisconsin health insurance plans ways to improve HEDIS® CVD measures.
- 5.1C By 2007, all health systems and EMS partners will disseminate and provide training on best practices on acute treatment of myocardial infarction (MI), congestive heart failure (CHF), and stroke.

Strategy 2: Increase the awareness of and adherence to evidence-based clinical guidelines for treatment of CVD in adults and youth.

Objectives:

- 5.2A Redesign care processes to ensure care is consistent with guidelines.
- Develop a tool kit repository, and disseminate information on care management tools and resources,
 - Encourage use of electronic medical records.
- 5.2B By 2005 and ongoing, encourage health systems to provide training to health care providers on the Adult Cardiovascular Risk Reduction Initiative Guidelines (Appendix A).
- Update guidelines every two years or whenever new national guidelines are released.
- 5.2C By 2007, identify and develop CVD care guidelines in children and young adults.
- Update guidelines every two years or whenever new national guidelines are released.
- 5.2D By 2008, work with health systems, Wisconsin Medical Society, and special physician groups to disseminate CVD care guidelines for children and young adults to their health care providers.

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- 5.2E By 2009, encourage general use of the Health and Human Services Chronic Care Model in health care systems and Federally Qualified Health Centers (FQHCs) in Wisconsin.
- Work through the Wisconsin Collaborative Diabetes Quality Improvement Project for FQHCs (see Glossary).
 - Work through the Wisconsin Collaborative Diabetes Quality Improvement Project (see Glossary).

Strategy 3: Provide a clearinghouse for health systems and clinics on establishing and evaluating a team-based approach to heart disease and stroke prevention, care management, and patient self-care.

Objectives:

- 5.3A By 2006, gather information from health care systems on current initiatives for team-based heart disease and stroke prevention and management.
- 5.3B By 2007, research and assemble patient education materials that promote best practices for CVD prevention, and self-care in management of CVD.
- 5.3C By 2008, establish and promote a database on health care system contacts, information, funding sources, and research on team-based approaches to CVD management.

Strategy 4: Increase awareness of and adherence to evidence-based guidelines for rehabilitation services for heart attack and stroke survivors.

Objectives:

- 5.4A By 2008, data will be available to determine the adequacy and appropriateness of rehabilitation services in the state for heart attack and stroke victims.
- 5.4B By 2009, establish registries for the collection of the incidence of heart attack and stroke using established national data elements.
- 5.4C By 2009 and on going, using the registries for heart attack and stroke determine if survivors are receiving established rehabilitation based on national guidelines.

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Goal 6: Work toward the elimination of health disparities in heart disease and stroke.

Strategy 1: Continue to implement and evaluate programs for team-based approaches to detect and treat CVD risk factors in priority populations.

Objectives:

- 6.1A By 2007, foster networking among health advocates who are promoting health education, healthy lifestyles, and self-advocacy in communities of color.
 - Explore current initiatives that could be applied to minority communities.
 - Reinforce local initiatives associated with lifestyle changes.
 - Identify respected community leaders within each target group.
 - Hold a forum for community leaders in target groups to identify needs and get community buy-in.
 - Enlist school nurses in grassroots education.
- 6.1B By 2007, identify needs and develop strategies for interventions among Hmong and Hispanic groups through development of data tools and best practices.
 - Identify what tools and long-term support are available (especially for moderate poor).
 - Develop education for middle and high school students that focuses on lifestyle changes for preventive care.
 - Develop anti-smoking education as a top priority, especially for young adults (aged 18-25).
 - Enlist the support of healthcare providers.
- 6.1C By 2008, provide awareness of the risk CVD poses to Wisconsin women through development of a social marketing plan to encourage participation in programs to change women's risk behaviors.
- 6.1D By 2008, promote active membership in healthcare careers so that changes come from within each community.

Strategy 2: Implement data-driven strategies based on state surveillance to reduce disparities.

Objectives:

- 6.2A By 2007, develop strategies and objectives based on surveillance data and research to address demographic and geographic disparities related to CVD prevention, detection, and treatment in Wisconsin.
- Evaluate effectiveness of current pilot programs for evidence-based, best practices, and promising practices.
 - Identify available resources for diverse populations; learn from NC Wise Woman program.
 - Define culturally appropriate and relevant messages for each culture.
 - Review findings from MetaStar lipid control program.
- 6.2B By 2008, implement strategies and objectives to reduce disparities among priority populations, e.g., American Indians, African Americans, Hispanics, Hmong.

Strategy 3: Increase the understanding of Wisconsin's disparities related to cardiovascular disease.

Objectives:

- 6.3A By 2007, collaborate with epidemiologists, researchers, and other stakeholders, e.g., Wisconsin Nutrition and Physical Activity Work Group (WINPAW), Great Lakes Intertribal Council, American Heart Association to focus on efforts to understand and eliminate disparities in prevention of and detection of cardiovascular risk factors.
- 6.3B By 2008 and on-going, state surveillance will develop a plan to collect and monitor data from priority, high-risk populations for CVD in targeted counties.

Strategy 4: Collaborate with MetaStar, Wisconsin Medicaid, Badger Care, health care systems, and Wisconsin Primary Healthcare Association to provide improved access to care and quality of care for underserved populations.

Objectives:

- 6.4A By 2006 and ongoing, continue the partnerships with MetaStar, the Diabetes Collaborative for Quality Improvement Projects and Wisconsin Primary Healthcare Association to address access to care and quality care issues.
- 6.4B By 2006, develop a memorandum of understanding with the Wisconsin Medicaid and Badger Care programs to promote quality of care for Wisconsin's underserved populations.
- 6.4C By 2006, develop a memorandum of understanding with the Wisconsin Medicaid and Badger Care programs to receive data pertinent to determining the number of underserved residents accessing care.

